



G.P. 3633

Attorney Docket No.: CC001

UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the U.S. Patent and Trademark Office, Washington, D.C., 20231, on the below date of deposit.

Date of Deposit:	17.9.98	Name of Person Making the Deposit:	CARL A. CHASE JR.	Signature of the Person Making the Deposit:	(CR)
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In re Application of: *Chase, C.*

Serial No.: 08/909,712

Examiner: *Santos, R*Filed: *August 11, 1997*Art Unit: *3633*For: *Portable Inflatable Massage Support Apparatus*Assistant Commissioner for Patents
Washington, D.C. 20231TECHNICAL CENTER 3600
93 JUL 22 PM 7:20
RECEIVED**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application

Transmitted herewith is a response to an office action for the above identified patent application.
(12 sheets)

Transmitted herewith are sheets of substitute formal drawings.

Other:

2. Applicant is: a small entity

Extension of Term

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

<u>Extension</u>	<u>Fee</u>
[] one month	\$110.00
[] two months	\$400.00
[] three months	\$950.00
[] four months	\$1,510.00

Fee \$

If an additional extension of time is required, please consider this a petition therefor.

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	19	- 20 =	0	x \$22.00	0
Independent Claims	14	- 4 =	0	x \$82.00	0
Multiple Dependent Claim Fee (one or more, first added by this amendment)				\$270.00	
Total Fees					0

PAYMENT OF FEES

5. The full fee due in connection with this communication is _____ provided as follows:

[] A check in the amount of \$ _____

Please direct all correspondence concerning the above-identified application to the following address:

Carl A. Chase, Jr.
P.O. Box 484
Big Sur, CA 93920

Respectfully submitted,

Date: July 9

By: CC

Carl A. Chase Jr.